



# United States Department of the Interior

## BUREAU OF LAND MANAGEMENT

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Information Bulletin No. **CA-2002-010**

To: All Employees

From: Deputy State Director, Division of Support Services

Subject: 2001 Health Benefits Open Season

A Federal Employees Health Benefits (FEHB) open season will be held from **November 12 through December 10, 2001**. During open season, eligible employees who are not currently enrolled may enroll and enrolled employees may change from one plan or option to another, from self only to self and family, or make a combination of these changes. Open season also allows employees to change their premium conversion election. An eligible employee who enrolls in FEHB may elect to participate or waive participation in premium conversion. ***An employee who participates in premium conversion may no longer cancel or change to self-only enrollment at any time. These changes may now be made only during open season or when a qualifying life event occurs.***

Employees who wish to continue their current enrollments and premium conversion elections do not need to take any action during this open season. **However, enrollees whose plans will not be participating in the FEHB Program after December 31, 2001, or whose plans dropped the enrollment code they are enrolled in, MUST enroll in a different plan to continue FEHB coverage in 2002.** (See attached list of terminating plans and codes.)

The Blue Cross/Blue Shield (BC/BS) Service Benefit Plan will be merging its High Option (enrollment codes 101 and 102) and its Standard Option (enrollment codes 104 and 105). Enrollees in codes 101 and 102 will be automatically transferred to codes 104 and 105, unless they choose a different plan during the open season. There will be a new BC/BS Service Benefit Plan "Basic Option" (codes 111 and 112) available for initial enrollment during the open season.

There are three basic types of plans available under the FEHB program:

1. **Managed Fee-for-Service Plans** - These plans reimburse you or your health care providers for covered services after the services are received. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers.

These plans are considered “managed” because they contain features such as pre-certification of hospital admission and utilization review of ongoing care. Most of the fee-for-service plans have preferred provider arrangements. By using preferred providers, you can reduce your out-of-pocket expenses, and, in some cases, receive enhanced benefits.

Fee-for-Service plans include the Blue Cross/Blue Shield Service Benefit Plan and plans sponsored by unions and other employee organizations. Most employee organization sponsored plans require payment of a membership fee. These plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans. The plan brochure provides information concerning membership requirements and/or dues.

2. **Health Maintenance Organization Plans (HMOs)** - These plans provide comprehensive medical services, emphasizing prevention and early detection of disease. They provide or arrange for care by designated physicians, hospitals, and other providers in particular locations. Most services under an HMO must be performed by the plan’s participating providers.

Each HMO is open to employees within the plan’s enrollment area. You may not enroll in an HMO if you are located outside its area. It is important that you review the plan’s brochure to make sure that you are within the enrollment area.

3. **Plans Offering a Point of Service (POS) Product** - Some FEHB plans combine their features. A number of Fee-for-Service and HMO plans now offer both forms of health care delivery, known as “in network” and “out of network”. When an HMO offers a POS product, the product acts like a fee-for-service plan. The HMO’s enrollees may use non-affiliated or “out of network” providers if they wish. As a result, the services will cost them more in terms of deductibles and coinsurance than if they used plan providers.

In a Fee-for-Service plan with a POS product, the POS product acts like an HMO. If they agree to let their medical care be managed by “in network” physicians, plan enrollees will get a **better** benefit, usually in the form of richer benefits and lower co-pays or coinsurance.

If you are considering enrolling or making an enrollment change, you should obtain a copy of the booklet “The 2002 Guide to Federal Employees Health Benefits Plans” (FEHB Guide, RI 70-1) from OPM’s website at [www.opm.gov/insure](http://www.opm.gov/insure), or from your human resources staff, or your field office administrative personnel. The FEHB guide contains a comparison chart that gives general information about each plan and shows biweekly and monthly premium rates.

**Do not rely solely** on the FEHB guide when deciding to enroll or change enrollment to another plan. If you are interested in a particular plan, obtain and thoroughly review the brochure of the plan you are considering. **All brochures are available on the Internet from the Office of Personnel Management's web site** (<http://www.opm.gov/insure/health>). They are available in PDF format for downloading and printing. There is also a text version suitable for the visually-impaired available. Most health plan brochures are also available in your district/field offices and in the California State Office, Human Resource Services Branch.

Employees who wish to enroll or change their FEHB enrollment must complete a Health Benefits Registration Form (SF-2809). The form is available in your field offices and in the Human Resources office and must be submitted before the close of business on the last day of the open season. You may also obtain the SF-2809 from the OPM web site.

Employees who wish to change their premium conversion election must complete a FEHB Premium Conversion Waiver/Election Form. You should make desired enrollment changes as early as possible during open season to ensure timely processing.

Open season changes may also be made by using Employee Express. Employee Express is a customer-friendly automated system that enables you to make certain changes to your personnel/payroll records via telephone and computer, using a Personal Identification Number (PIN). Employee Express enables you to change your mailing address, allotments, direct deposits, income tax withholdings, and health benefits. To obtain a PIN simply call the Employee Express help desk at (912) 757-3030 from any touch-tone telephone or access the internet web site <http://www.employeeexpress.gov>.

Changes in plan benefits and changes in enrollment and premium rates will be effective January 13, 2002. If you change plans, any covered expenses incurred between January 1, 2002, and January 13, 2001, will count toward the 2001 deductible of the plan you are changing from.

You should be aware that if you leave Federal employment, you may be eligible for Temporary Continuation of Coverage (TCC). Under TCC, you may continue your enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage due to marriage or attaining age 22.

TCC enrollees must pay the total plan premium plus a 2% administrative fee. There are specific time limitations for enrolling under this provision. It is your responsibility to contact the personnel office when an event other than separation occurs in order to obtain information on TCC enrollment.

We must also advise you that the information you provide by enrolling in the FEHB program may also be used for computer matching with federal, state or local agencies' files to determine whether you qualify for benefits, payments or eligibility in the FEHB program, Medicare or other government benefits programs.

Questions regarding this bulletin should be directed to Angie Dailly, Human Resource Services at (916) 978-4476.

Signed by:  
Karen Barnette  
DSD, Support Services

Authenticated by:  
Richard A. Erickson  
Records Management

1 Attachment  
FEHB Changes

## FEHB PLAN CHANGES

### CALIFORNIA

| Plan                         | Code | Changes  |
|------------------------------|------|--|
| Aetna U.S. Healthcare        | BU   | Terminating service in the area covered by the BU enrollment code. This code covers the Northern California area. Plan participants under this enrollment code must choose a new plan during open season.  |
| Aetna U.S. Healthcare        | 2X   | Will no longer be providing service in portions of San Bernardino, Kern, and Riverside counties. Plan participants requiring service in the affected areas must choose a new plan during open season.  |
| Blue Cross - HMO             | M5   | Will no longer be providing service in Napa, Shasta, and Tehama counties. Plan participants requiring service in these counties must choose a new plan during open season.   |
| Blue Shield of CA            | SJ   | Will no longer be providing service in Napa, Shasta, and San Luis Obispo counties. Plan participants requiring service in these counties must choose a new plan during open season.  |
| Health Net                   | LB   | Will no longer be providing service in Butte, Humboldt, Lake, Sutter, and Yuba counties. Plan participants requiring service in these counties must choose a new plan during open season.  |
| Maxicare Southern California | CM   | Terminating from FEHB at the end of 2001. Plan participants must choose a new plan during open season. Enrollees will remain covered and receive benefits under the old plan until coverage under a new plan begins. For most employees this will be January 13, 2002. |
| National HMO Health Plan     | MN   | Terminating from FEHB at the end of 2001. Plan participants must choose a new plan during open season. Enrollees will remain covered and receive benefits under the old plan until coverage under a new plan begins. For most employees this will be January 13, 2002. |
| PacifiCare                   | CY   | Will no longer be providing service in Butte, Mariposa, Merced, Napa, San Luis Obispo, Tulare, and most of El Dorado counties. Plan participants requiring service in these counties must choose a new plan during open season.  |

### Arizona

| Plan                  | Code | Changes  |
|-----------------------|------|--|
| Aetna U.S. Healthcare | WQ   | Will no longer be providing service in Graham, Yuma, and Yavapai counties. Plan participants requiring service in these counties must choose a new plan during open season.  |
| CIGNA Health Care     | 16   | Terminating from FEHB at the end of 2001. Plan participants must choose a new plan during open season. Enrollees will remain covered and receive benefits under the old plan until coverage under a new plan begins. For most employees this will be January 13, 2002      |
| Intergroup of Arizona | A7   | Has changed its name to <i>Health Net of Arizona, Inc.</i>   |
| PacifiCare            | A3   | Will no longer be providing service in Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Navajo, Santa Cruz, Yavapai, Yuma, Mohave, and parts of Pinal counties. Plan participants requiring service in these counties must choose a new plan during open season. |

### Nationwide

| Plan   | Code     | Changes   |
|--|----------|---|
| Blue Cross/Blue Shield Service Benefit Plan - High Option  | 101, 102 | Will merge with the Standard Option, enrollment codes 104 and 105, in 2002. |
| Blue Cross/Blue Shield Service Benefit Plan - Basic Option | 111, 112 | New plan option effective 1/1/2002.   |
| Postmasters  | 36       | Changing its name to <i>PBP Health Plan</i> .                               |